ADMINISTRATIVE - INTERNAL USE ONLY

Approved For Release 2001/07/12: CIA-RDP79-00498A000100150054-5

DD/A 74-3804 File Bely + G 10 30 SFP 1974

MEMORANDEM FOR: Executive Secretary, CIA

THROUGH

: Administrative Officer, DCI

SUBJECT

: Request for Reimbursement for Executive Dining Room Charges

Incurred in the Conduct of Official Duties

REFERENCE

: DCI Memorandum, dtd 11 January 1974, Same Subject

The officer named below incurred expenses on the date indicated in an official capacity. It is requested that the charges indicated be reimbursed from U. S. Government funds.

Date:

3 July 1974

Host:

Harold L. Brownman, Deputy Director for Management and Services

Guests:

Department of State:

Ambassador L. Dean Brown

William Galloway Michael Conlin Donald Bouchard

Agency

Participants:

Harold L. Brownman, DU/MSS

John F. Blake, ADD/MAS

STATINTL

Dr. John R. Tietjen, D/Medical Services

Charles W. Kane, D/Security

Reimburseable Charges

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\$50.93

Check one:

I certify that the payment of the charges cited herein are allowable under the standards established by referent memorandum.

Teertify that prior approval was obtained from the Director for an exception to the provisions of the referent memorandum.

> Note of Augustin John N. McMahon Acting Deputy Director for Administration

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## STATINTL

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Approved For Palesse 2001/07/12 : CIA-PDISF6966/4984000100150054-5

| REQUEST FOR REIMBURSEMENT OR PAYMENT   | NAME OF CLAIMANT OR REG  |              | DATE—VOUCHER NO. 2-12 (Finance use only)  300444  JARY, OR EMERGENCY NATURE AND ARE IN PAYMENT FOR: (Attach receipts and other supporting documents) |  |        |                                |                       |             |  |                                       |                    |             |            |      |  |
|--|--|--------------|--|--|--------|--------------------------------|-----------------------|-------------|--|---------------------------------------|--------------------|-------------|------------|------|--|
|  |  |              |  |  |        |                                |                       |             |  |                                       |                    |             | tocuments) |      |  |
| Reimbursement fo   | r authorized ties  | Cuta         | ve bining  | ROU  | u e    | kpense                         | s pe                  | r accacie   | Memo   | randı                                 | m and rec          | eipt 1      | etaine     | l i  |  |
| PAYMENT INSTRUCTIONS   |  |              | I CERTIFY FUNDS ARE AVAILABLE  |  |        |                                |                       |             |  | DESIGNATION OF AGENT TO PICK UP FUNDS |                    |             |            |      |  |
| TATMENT INSTRUCTIONS   |  | OBLIG        | OBLIGATION REFERENCE NO. CHARGE FAN ACCOUNT NO.  |  |        |                                |                       |             | I authorize my agent, whose signature appears below, to n  s of official funds on my behalf and acknow |                                       |                    |             |            |      |  |
| CEDTIFICATION (Chark and   | hon attilicable  | FIOLIII      | 2001<br>DATION CODE  |  |        | 511                            | 1-10                  | 10          | receipt o  |                                       | unds and my res    |             |            |      |  |
| CERTIFICATION (Check when applicable)  |  |              |  |  |        |                                |                       |             | DATE   |                                       | SIGNATURE OF AGENT |             |            |      |  |
| L certify that the disbursements itemized  | above were necessarily made by   | DATE         | AUT  | HORIZE                                       | SIG    | NATURE                         |                       |             | DATE   |                                       | SIGNATURE OF CLA   | MANT OF     | DEFICER    |      |  |
| me and that I have not been nor will I be rei<br>source and that this claim and attachments a  | mbursed therefor from any other<br>re true and correct.  | -            |  |  |        |                                |                       |             | DATE   |                                       | SIGNATURE OF CLA   | IMAINI OK   | STICER     |      |  |
| PERSONAL SERVICES  | at this claim and attachments are true and correct.  L SERVICES  Unit requested is due the payee for satisfactory performance of | DATE         | DATE   |  |        |                                |                       |             |  | ACKNOWLEDGEMENT OF RECEIPT            |                    |             |            |      |  |
| The amount requested is due the payee for satisfactory performance of duties in accordance with the terms of his contract or other written or oral agreements. |  | CER          |  |  |        |                                |                       |             | AMOUNT CHECK NO.   |                                       |                    |             |            |      |  |
| DATE SIGNATURE   | L. Brownson for  | DATE         |  |  |        |                                |                       | ·           | DATE   |                                       | SIGNATURE          |             |            |      |  |
|  |  |              | SPACE BELOW  | OK EX  | 1      | 7E 00E 01                      | 0.110                 | FINANCE     |  | T                                     | T                  |             |            |      |  |
| DESCRIPTION—ALL OTHER ACCOUNTS 13–33  28–33 T/A M0.  CODE  |  | 40-          | 42-47<br>OBLIG.  | 48- 50 C 51-54 DBL I D GENERAL SUB QE LEDGER |        |                                | 55<br>COST<br>ACCOUNT |             |  | 67-70<br>OBJECT<br>CLASS              | CT AMOUNT          |             |            |      |  |
| DESCRIPTION—<br>ADVANCE ACCOUNTS 13–27   | SHIP. DOC. NO. REC. RPT.<br>NO.  | UQDE<br>UQDE | REF. NO.  ADVANCE ACCT. NO.  EMP. NO.  | DBL<br>SUB<br>NO.<br>PAY<br>PER              |        | GENERAL<br>LEDGER<br>ACCT. NO. | F U                   | ACCOUNT 017 | 61-66<br>CK, NO.<br>X REF. NO.   | 68-7                                  | DEBIT              |             | CR         | EDIT |  |
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| DATE PREPARED BY   |  |              | DATE   | REVIEW                                       | /ED BY | ,                              | <u>.i_i</u>           |             |  | TOTALS                                | 3                  |             |            |      |  |
|  |  |              |  |  |        |                                |                       |             |  |                                       |                    |             |            |      |  |
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